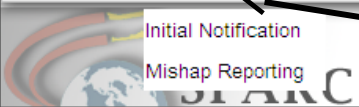


AFLOAT CLASS A/B INITIAL NOTIFICATION



Click “Afloat”, then select “Initial Notification”


All Items (34)

| |
|-------------------|
| Afloat (34) |
| Class A (4) |
| Class B (6) |
| Class C (6) |
| Class D (7) |
| Consolidated (34) |
| Draft (11) |

Current Sort: Id (Asc)


Afloat Initial Notification

Mishap Type(s): (1 selected) ← **Select all mishap types that apply**

Mishap Date: 

Mishap Time:

Local Serial Number: ← **Customer entry for own unit tracking**

Body of Water (Select if at sea): 

OR

Port (Select if pierside): ← **Select the appropriate entry. Only one is required.**

Command Submitting Report:

Short Summary (max 140 characters):

You have 98 characters remaining.

Event Narrative:

POC First Name:

POC Last Name:

POC Email:

POC Phone:

Victims UIC/RUC/MCC (if mishap involved death/injury): ← **Omit for mishaps exclusively property damage**

Mishap Victim Command Name: ← **Auto-generated from Victims UIC/RUC/MCC**

Estimated DoD Property Cost:

Entries are auto-generated from your log-in information

Afloat Initial Notification

Mishap Type(s): (1 selected)

Mishap Date:

2012-09-01

Mishap Time:

1530

Local Serial Number:

XXXXXX

Body of Water (Select if at sea):

CARIBBEAN SEA

POC First Name:

John

POC Last Name:

Churchill

POC Email:

john.churchill@navy.mil

POC Phone:

757 444 3520

Victims UIC/RUC/MCC (if mishap involved death/injury):

The matrix below is used for reporting the number of deaths and/or injuries in the mishap. Type in the appropriate number for each category.

| | Fatalities | Permanent Total Disabilities | Permanent Partial Disabilities | Hospitalized |
|--------------------|--------------------------------|------------------------------------|--------------------------------------|--------------------------------|
| Navy Military | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Navy Civilian | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Marine Military | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Marine Civilian | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Other | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

Click here to submit your report to the Naval Safety Center

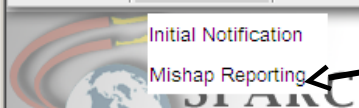
Submit

Cancel

View PDF

Click here to view/save a PDF copy of your initial report submission. You must select this prior to hitting the submit button.

GUIDE TO COMPLETE THE CLASS A/B REPORT OR START A CLASS C/D REPORT



Click "Mishap Reporting" to begin drafting a class C/D mishap report.

- All Items (35)
- Afloat (35)
- Class A (4)
- Class B (7)
- Class C (6)
- Class D (7)
- Consolidated (35)
- Draft (12)**

Your submitted Class A/B Initial Notification will be in your draft folder. The submitted data has been saved and is already populated. Select it to begin your final report.

Note: If you start a final report from your draft Initial Notification, you will not be able to release the final report until the Safety Center QAs your Initial Notification. QA is generally accomplished in

Current Sort: Id (Asc) ▼

| | | | | | | |
|---------------|--------------|--------|-------|-----------|-------------|--|
| 1336070517302 | Consolidated | Afloat | Draft | Class D | 2012-May-02 | Short Summary |
| 1336070723589 | Consolidated | Afloat | Draft | Class D | 2012-May-03 | Testing Afloat Initial Notification |
| 1336420255480 | Consolidated | Afloat | Draft | Undefined | 2012-May-07 | |
| 1336677296635 | Consolidated | Afloat | Draft | Class B | 2012-May-10 | 5/10/2012 Test |
| 1336756259307 | Consolidated | Afloat | Draft | Class A | 2012-May-03 | Another Afloat Initial Report |
| 1337191743890 | Consolidated | Afloat | Draft | Class A | 2012-May-16 | 5/15/2012 Afloat Initial Report Test |
| 1337795287653 | Consolidated | Afloat | Draft | Undefined | 2012-May-23 | |
| 1341517089711 | Consolidated | Afloat | Draft | Class B | 2012-Jul-01 | 7-9-2012 Test |
| 1344520854897 | Consolidated | Afloat | Draft | Class B | 2012-Aug-09 | 8-9-12 Test |
| 1345136649360 | Consolidated | Afloat | Draft | Class C | 2012-Aug-01 | 16 Aug 1530 |
| 1346354558251 | Consolidated | Afloat | Draft | Class B | 2012-Aug-30 | Mishap occurred on 8-30-2012 |
| 1347303007888 | Consolidated | Afloat | Draft | Class B | 2012-Sep-01 | Submitting an afloat mishap intial report. |

General Information

Entry Screens

- General Information
- Point of Contact
- Environment
- Authorized Drafters
- COI

Involved Vessel

Involved Personnel

Involved Property

Factors / Recommendations

Validation

General Information

Actions Reports Save Validate Release

Select Mishap Type(s): **Select** (2 selected) *******IMPORTANT - SAVE DATA ON EACH PAGE*******
Select all mishap types that apply.

UIC of Command Submitting Report:
 N21036 Search

Was DoD Property Damaged?:
☒ Yes ☐ No

DoD Property Cost:
 501000

Was Non-DoD Property Damaged?:
☒ Yes ☐ No

Non-DoD Property Cost:
 4000

Date of Mishap (yyyy-mm-dd):
 2012-09-01

Time of Mishap:
 1530

Local Serial Number (For personal serialization):
 XXXXXXXX

Brief Narrative (1 or 2 sentence description of the event that does not contain names, hull number, or PII):
 Short description of the mishap. Do not include PII or privileged information.

You have 60 characters remaining.

Alcohol Involved? (Person had alcohol in their system):
☐ Yes ☒ No ☐ Unknown

Drugs involved? (Person had drugs in their system):
☐ Yes ☒ No ☐ Unknown

Was environment a factor in the mishap?:
☒ Yes ☐ No ☐ Unknown

Mishap Narrative - Please do not enter personal identifiers (names, SSNs, unit names, etc):
 Section for a more detailed narrative.

Only write an event narrative in this section. Cause factors narratives and recommendations shall be entered in a follow-on section.

Classified Supplement Submitted?:
☐ Yes ☒ No ☐ Unknown

Area of Responsibility (Option for class C/D mishap):
 SOUTHCOM

Body of Water (Select if at sea):
 CARIBBEAN SEA

OR

Port (Select if pierside):
 Search

Source of Fire:
 OVERHEATED GREASE, TAPER WAX

Fire Class:
 BURNING OF ANY PETROLEUM PRODUCT

Select the appropriate entry. Only one is required.

This only appears if fire is chosen as the mishap type.



General Information

Entry Screens

General Information

Point of Contact

Environment

Authorized Drafters

COI



Involved Vessel



Involved Personnel



Involved Property



Factors /
Recommendations



Validation



Point of Contact



Actions ▾



Reports ▾



Save



Validate



Release

Military Rank/Civilian Grade:

LT

First Name:

John

Last Name:

Churchill

Parent UIC/MCC/RUC:

N21036

Search

Phone Number:

757 444 3520

Email:

john.churchill@navy.mil

Email

**Entries are
auto-
generated
from your
log-in
information.**

Entry Screens

General Information

Point of Contact

Environment

Authorized Drafters

COI



Involved Vessel



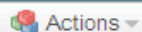
Involved Personnel



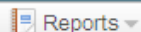
Involved Property

Factors /
Recommendations

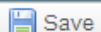
Validation



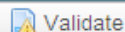
Actions



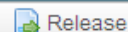
Reports



Save



Validate



Release

Was visibility restricted in any way?:

☒ Yes ☐ No

▼ Select type(s) of Visibility Restrictions:

☐ DUST☒ FOG☐ MIST☐ OTHER (SPECIFY IN NARRATIVE)☐ RAIN☐ SANDSTORM☐ SLEET☐ SMOKE☐ SNOW☐ UNIDENTIFIED OBJECT

Sea State:

1 LIGHT AIR - RIPPLED SEAS

Sea Direction:

N (337.5 - 022.5)

What was the wind direction? (degrees):

E (067.5 - 112.5)

What was the wind speed? (knots):

7

If you selected “No” in the general information section to the question, “Was environment a factor in the mishap”, then this page will not appear.

Distance Visibility was Restricted:

2

Distance Unit of Measure:

NAUTICAL MILES

Illumination:

☒ Adequate ☐ Inadequate ☐ UnknownDid noise level conditions cause distraction,
poor communication, etc?:☐ Yes ☒ No

Did lightning contribute to the mishap?:

☐ Yes ☒ No

General Information

Entry Screens

- General Information
- Point of Contact
- Environment
- Authorized Drafters**
- COI

Involved Vessel

Involved Personnel

Involved Property

Factors / Recommendations

Validation

Authorized Drafters

Actions | Reports | Save | Validate | Release

Select Authorized Drafters:

Wellesle Search

Search Results:

Wellesley, Arthur

Highlight name of person with whom you want to share report

Type name of person with whom you want to share report and select search

Churchill, John

Click arrow to move name to other box

Users Granted Access to Draft Report:

Churchill, John

These users have access to the report

To grant user access to your report:

1. Use the search function to find user name. May search by UIC, Activity name, Person first name or last name.
2. Highlight name(s) in "Search Results" and use the arrows to move user name(s) to the list box labeled "Users Granted Access to Draft Report"

General Information

Entry Screens

- General Information
- Point of Contact
- Environment
- Authorized Drafters
- COI**

Involved Vessel

Involved Personnel

Involved Property

Factors / Recommendations

Validation

Community of Interest

Actions | Reports | Save | Validate | Release

Search for Commands:

safety Search

Search Results:

N68963 - NAVAL ORDNANCE SAFETY & SECURITY IT
N83760 - NR NAVAL SAFETY CENTER NAVAL AIR RE
M09220265 - MCCS SAFETY OKINAWA
M16923100 - 7TH ESB H&S CO SAFETY
N33355 - NAVAL DISTRICT WASHINGTON PUBLIC SA
N39961 - NPS AV SAFETY TRAINING
N39960 - POST GRADUATE SCHOOL AVIATION SAFE
F00000 - AIR FORCE SAFETY CENTER
G91112 - MARITIME SAFETY AND SECURITY TEAM -
N63393 - NAVAL SAFETY CENTER NORFOLK VA

Highlight the command you want to notify

Type name of command you want to provide notification

Commands for Notification:

N63393 - NAVAL SAFETY CENTER NORFOLK VA

Click arrow to move name to other box

COIs:

CV CLASS SHIPS
CVN-68 Class Ships
FFG CLASS SHIPS
LCC CLASS SHIPS
LHA CLASS SHIPS
LHD CLASS SHIPS
LPD 4 CLASS SHIPS
LPD 17 CLASS SHIPS
LSD 41 CLASS SHIPS
LSD 49 CLASS SHIPS

Highlight the community you want to notify

COIs for Notification:

LHA CLASS SHIPS

These commands/communities will receive a PDF version of the report after it has been accepted by Naval Safety Center Quality Assurance

Authorized Drafters page is used to give other users access to your report for reviewing, sharing or routing.

Community of Interest page is used to provide other commands a sanitized PDF version of your report after it has been accepted by the Naval Safety Center Quality Assurance.

General Information

Involved Vessel

Entry Screens

Vessel 1

Add

Remove

Involved Personnel

Involved Property

Factors / Recommendations

Validation

←

Involved Vessel

→

Actions ▾ | Reports ▾ | Save | Validate | Release

Click here to add a vessel to your report. Add as many vessels as required.

Involved Vessel UIC:

Ship Evolution at the time of the mishap:

Name of Exercise at time of the mishap:

Operational Contingency (Optional for class C/D mishaps):

Date Left Home Port:

Date of Last Underway:

Command Fleet Readiness Training Program (F RTP):

Status of Ship, Sub, or Small Craft:

Vessel Type:

If vessel type is a small craft, you will be asked an additional question about the type of small craft vessel.

If there is more than 1 involved vessel, tell us to which vessel this person belonged.

Click here to add a person to your report. Add as many people as required.

Gender:

☐ Female ☒ Male

First Name:

Bernard

Middle Initial:

L

Last Name:

Montgomery

SSN:

111111111

Age:

47

Involved Vessel:

Vessel 1

Duty Status (Tier-1):

ON DUTY

Duty Status (Tier-2):

Regular

What was person doing at the time of the mishap?:

Select

Electrical Installation/Repair

Area person was located:

Select

ANCHOR WINDLASS SPACE

Compartment Number:

3-5-6-L

Branch of Service:

NAVY

Service Status:

ACTIVE

Military Category:

Officer

Rank:

LCDR

UIC/RUC/MCC:

N21036

Search

Injury Classification:

ONE OR MORE LOST WORK DAYS

Hours slept in last 24 hours:

7

Hours worked in last 24 hours:

15

Experience (years):

5

Experience (months):

5

Immediate Supervisor Rank:

CDR

Immediate Supervisor First Name:

Douglas

Immediate Supervisor Last Name:

Haig

General Information

Involved Vessel

Involved Personnel

Entry Screens

Person 1

Add Remove

Involved Property

Factors / Recommendations

Validation

Personal Protective Equipment

Actions Reports Save Validate Release

If PPE was not required, or was required and worn properly and functioned properly, you may skip this entry page.

Please identify Personal Protective Equipment (PPE) that:

- Malfunctioned
- Was used improperly
- Was unused, but necessary

If PPE was not required, or was required and worn properly and functioned properly, you may skip this entry page.

| PPE | Used? * | Used Properly? * | Functioned Properly? * | Narrative * |
|---|---------|------------------|------------------------|-------------|
| <input type="checkbox"/> Select EYEWEAR-IMPACT/SHATTER RESISTANT GOGGLES | No | No | N/A | Injured |

1-1 of 1

Click here to add PPE to your report → [Add Item](#) [Remove Selected](#)

General Information

Involved Vessel

Involved Personnel

Entry Screens

Person 1

Add Remove

Involved Property

Factors / Recommendations

Validation

Qualifications and Certifications

Actions Reports Save Validate Release

If all qualifications and certifications relative to the mishap are current, you may skip this entry page.

Please identify Qualifications and Certifications relative to the event that are:

- Not Completed
- Expired
- Restricted / Revoked

If all qualifications / certifications relative to the mishap are current, you may skip this entry page.

| License / Qualification / Certification | Date Completed | Date Expired | Restricted? | Revoked / Lapsed? | Narrative |
|--|----------------|--------------|-------------|-------------------|-----------|
| <input type="checkbox"/> Select JQR WATCHSTANDING | 2010-09-01 | 2012-08-31 | No | Yes | |

1-1 of 1

Click here to add a qual/cert to your report → [Add Item](#) [Remove Selected](#)

General Information

Involved Vessel

Involved Personnel

Entry Screens

Person 1

Personal Protective Equipment

Qualifications and Certifications

Injury

Add Remove

Involved Property

Factors / Recommendations

Validation

These questions will not appear if military medical treatment was used.

Injury

Actions Reports Save Validate Release

Did the injury / illness result in any of the following? 

(Check all that apply)

☒ One or more Lost Work Days beyond the day of injury. (Includes: PTO, Convalescent or other leave due to injury, Hospitalization days, etc.)

☐ Light/Limited Duty, Restricted Work or Partial Work Days (e.g. less than 1 full day) beyond the day of injury

☐ One or more days of Job Transfer beyond the day of injury (e.g. Transfer to desk job vs. forklift operator, medical hold, TPU, etc.)

☒ Medical treatment beyond first aid with or without admission to a hospital

Was non-military (civilian) medical treatment provided?:
☒ Yes ☐ No ☐ Unknown

Type of facility that provided medical treatment:
SHIPS MEDICAL FACILITY (LG DECK)

Name of physician or other health care professional that provided treatment:
William Slim

Provide name and address of offsite facility that provided medical treatment

Facility Name:

Street Address:

City:

State:

Zip Code:

Was this person treated in an emergency room?:
☒ Yes ☐ No

Was this person admitted to a hospital?:
☐ Yes ☒ No

Was employee permanently transferred out of the command due to this injury?:
☐ Yes ☒ No

How were you notified of the mishap?:
LOCAL MISHAP REPORT

Ensure that you check all boxes that apply. The check boxes will open up a dialog box in another section of this page to input lost work, light/limited duty, job transfer, or hospital time.

These questions will not appear for first aid injuries.

Report Lost Work Day time beyond the day of injury (includes SIQ days, Sick leave, Convalescent or other leave due to injury, hospitalization days, etc.)

Provide:

- Start Date/Time ~ When did lost work begin?
- End Date/Time ~ When did employee return to work (or LWT status changed)?

To enter light/limited duty, hospital or job transfer time, ensure appropriate check boxes are selected at the top of the injury page. This will open up the appropriate box to enter in the time. It will be accomplished the same way as the lost time example to the left.

| Select | Start Date * | Start Time * | End Date * | End Time * |
|--------------------------|--------------|--------------|------------|------------|
| <input type="checkbox"/> | 2012-09-02 | 0700 | 2012-09-04 | 0700 |

1-1 of 1

Click here to
add lost work
time

Add Item

Remove Selected

OSHA Classification code:

INJURY

Were sharps involved? (e.g. needle sticks, scalpel):

☐ Yes ☒ No

Was this a heat stress or cold injury?:

☐ Yes ☒ No

Were chemical substances or toxic exposures involved?:

☐ Yes ☒ No

Identify injury to body part

If "yes" there
will be
additional
questions.
If "yes" you will need to provide
a description of the substance or
the MSDS #.

If "yes" there
will be
additional
questions.
Sharps mostly
involve medical
personnel.

| Select | What body part was injured? * | Primary? * | BLS Nature of Injury code (e.g. strain, sprain, fracture, etc.)? * |
|--------|-------------------------------|------------|--|
|--------|-------------------------------|------------|--|

| | | | |
|--------------------------|----------------|-----|--------|
| <input type="checkbox"/> | Select KNEE(S) | Yes | Select |
|--------------------------|----------------|-----|--------|

SPRAINS, STRAINS,
TEARS

1-1 of 1

Add Item

Remove Selected

Input all applicable body parts.
Select one entry as the
primary injured body part.

Event or Exposure - How was the injury produced? (e.g. struck by, contact with object, falls, etc.):

Select STRUCK AGAINST OBJECT

BLS Source of Injury Codes (e.g. chemicals, machinery, furniture, tools, equipment, etc.):

Select CRANES

Input
event/expos
ure and
source of
injury

General Information

Involved Vessel

Involved Personnel

Involved Property

Entry Screens

Property 1

Add Remove

Factors / Recommendations

Validation

Involved Property

Actions Reports Save Validate Release

Click here to add property to your report. Add as much property as required.

Equipment ID Code (EIC): 1234587

Property Damaged?: ☒ Yes ☐ No

Government Property?: ☒ Yes ☐ No

Material Custodian Unit Code: N21036 Search

Involved Vessel: Vessel 1 (N21036)

Area property was located: Select ANCHOR WINDLASS SPACE

Compartment Number: 2-158-4-R

If there are more than 1 involved vessels, tell us to which vessel this property belonged.

Required field for government property damage.

If there is non-government property damage you will see these two fields.

Government Property?: ☐ Yes ☒ No

Nomenclature:

Name of non-government property that was damaged.

Description:

Brief description of the damaged non-government property.

General Information

Involved Vessel

Involved Personnel

Involved Property

Factors / Recommendations

Factors / Recommendations

Validation

Factors and Recommendations

Actions Reports Save Validate Release

Factors Recommendations

| View | Factor | Type | Delete |
|-------------------------------------|----------|--------------|--------|
| <input checked="" type="checkbox"/> | Factor 1 | Human Factor | |

1-1 of 1

Add Factor

THIS IS A HUMAN FACTOR EXAMPLE.

Factor Type:
Human Factor

Factor:
Select EXTREME VIOLATION (E.G. A VIOLATION NOT COM

Statement:
Quick Statement that describes the factor.

You have 33 characters remaining.

Analysis:
Detailed narrative of the factor and how it is related to the mishap.

Risk Assessment Code:
Select 01

Causes (Select all that apply):
Select Interference/interruption during task
Task over-saturation

Applies To:
☒ Person 1: (Montgomery)

Click here to add a cause factor. Add as many factors as required.

Click here to delete your factor. This denotes "What" happened.

The causes denote "Why" it happened. Select as many as applicable.

Select to which person the factor applies. Some mishaps may involve more than one person.

General Information

Involved Vessel

Involved Personnel

Involved Property

Factors / Recommendations

Factors / Recommendations

Validation

Factors and Recommendations

Actions Reports Save Validate Release

Factors Recommendations

| View | Factor | Type | Delete |
|-------------------------------------|----------|-----------------|--------|
| <input type="checkbox"/> | Factor 1 | Human Factor | ✖ |
| <input checked="" type="checkbox"/> | Factor 2 | Material Factor | ✖ |

1-2 of 2

Add Factor

THIS IS A MATERIAL FACTOR EXAMPLE.

Factor Type:
Material Factor

Factor:
Select CORRODED PARTS

Statement:
Quick Statement that describes the factor.

You have 33 characters remaining.

Analysis:
Detailed narrative of the factor and how it is related to the mishap.

Risk Assessment Code:
Select 05

▼ Applies To:

☒ Property 1: (1234587)

Select to which property the factor applies. Some mishaps may involve more than one property.

General Information

Involved Vessel

Involved Personnel

Involved Property

Factors / Recommendations

Factors / Recommendations

Validation

Factors and Recommendations

Actions Reports Save Validate Release

Factors Recommendations

Click here to get to the recommendation section.

| View | Recommendation | Delete |
|-------------------------------------|------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | Recommendation 1 | <input checked="" type="checkbox"/> |

1-1 of 1

Add Recommendation

Click here to add a recommendation . Add as many recommendations as required.

Status: OPEN

Applies To:

- ☐ Factor 1: (EXTREME VIOLATION (E.G. A VIOLATION NOT CONDONED BY MANAGEMENT))
- ☐ Factor 2: (CORRODED PARTS)

Statement:
Brief statement that describes the recommendation.

You have 25 characters remaining.

Remarks:
Detailed recommendation.

General Information

Involved Vessel

Involved Personnel

Involved Property

Factors / Recommendations

Validation

Validation Errors

Validation

Actions Reports Save Release

| Section Name | Page Name | Error Message | Go To Page |
|--------------------|-----------|---|------------|
| Involved Personnel | Injury | Offsite medical facility name is required | |

1-1 of 1

If an error message appears on the validation page click here to navigate to the error to fix it.

When the report passes validation you may view a PDF copy of the report and send it to the Naval Safety Center.

General Information

Involved Vessel

Involved Personnel

Involved Property

Factors / Recommendations

Validation

Validation Errors

Validation

Actions Reports Save Release

This report has no validation errors

| Section Name | Page Name | Error Message | Go To Page |
|--------------|-----------|---------------|------------|
|--------------|-----------|---------------|------------|

1-1 of 0

Click here to delete your report.

Click here to view a PDF of your report.

Click here to release the report to the Safety Center.